

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

1. MR. OMAR OCASIO ID# 349-16-0114

2. MR. VAN BROOKS ID# 825-14-

00877

PRO SE Plaintiff, s"

[Insert full name of plaintiff/prisoner]

CV 16 1336

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

JURY DEMAND

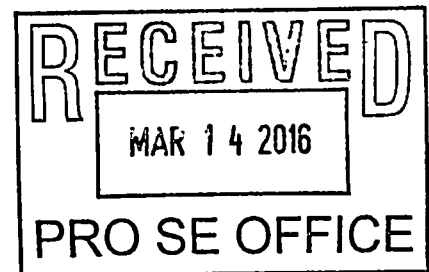
YES ☒ NO ☐

-against-

MS. BECKY SCOTT WARDEN, S. BASTIAN DEPUTY
WARDEN OF SECURITY, V. BAILEY DEPUTY (WARDEN) SECURITY
OF PROGRAMS, D. FRAZIER DEPUTY WARDEN OF
ADMINISTRATION, DEPUTY WARDEN OF VISITING
MSI 1 PEOPLE SHE IS A TOUR COMMANDER AS WELL,
INMATE GRIEVANCE COORD. MR. BROWN
Defendant(s).

VITALIANO, J.

BLOOM, M.J.



[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. **Name of plaintiff** MR. OMAR OCASIO ID# 349-16-01145, MR. VAN BROOKS 825-14-00877,

If you are incarcerated, provide the name of the facility and address:

BROOKLYN DETENTION CENTER, 275 ATLANTIC AVENUE, BROOKLYN,
NEW YORK, 11201, BOTH PLAINTIFFS, OMAR OCASIO MY VENUE
WILL CHANGE, I WILL MAKE THE COURT AWARE AS TO WHERE
AND WHERE.

Prisoner ID Number: MR. OMAR OCASIO 349-16-01145,
MR. VAN BROOKS 825-14-00877

If you are not incarcerated, provide your current address:

Telephone Number:

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

MS. BECKY SCOTT

Full Name

WARDEN

Job Title

BROOKLYN DETENTION CENTER, 275 ATLANTIC
AVE, BROOKLYN, NEW YORK, 11201

Address

Defendant No. "2"

^{EXCUSE MUST KEEP # "2"}
(MS. BECKY SCOTT (WARDEN) S. BASTIAN)

Full Name

DEPUTY WARDEN OF SECURITY,

Job Title

BROOKLYN DETENTION CENTER, 275 ATLANTIC
AVE, BROOKLYN, NEW YORK, 11201

Address

Defendant No. 3

V. BAILEY

Full Name

DEPUTY WARDEN OF PROGRAMS,

Job Title

BROOKLYN DETENTION CENTER, 275 ATLANTIC

AVE. BROOKLYN, NEW YORK, 11201
Address

Defendant No. 4

D. FRAZIER
Full Name

DEPUTY WARDEN OF ADMINISTRATION
Job Title

BROOKLYN DETENTION CENTER, 275 ATLANTIC
AVE. BROOKLYN, NEW YORK, 11201
Address

Defendant No. 5

MS. J. PEOPLE
Full Name

DEPUTY WARDEN OF VISITING, SHE IS A TOUR COMMANDER
Job Title AS WELL.

BROOKLYN DETENTION CENTER, 275 ATLANTIC AVE.,
BROOKLYN, NEW YORK, 11201
Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? BROOKLYN

DETENTION CENTER, IS A "MAZE" OR "CASTLE" OF
INTERNAL AND SYSTEMIC CORRUPTION, LIVING CONDITIONS HERE ARE

When did the events happen? (include approximate time and date) _____

"ANIMALISTIC" "THE BROOKLYN HOUSE" HAS A CLEAR HISTORY OF
WHAT PLAINTIFFS HAVE JUST RELATED ON RECORD, FROM THAT HISTORY TO NOW
IT'S CAUSED AND CAUSING PLAINTIFF PAIN AND SUFFERING.

Facts: (what happened?) PLAINTIFF BROOKS AS OF 2-12-2016

HAD BEEN PHYSICALLY ASSAULTED BY CORR. STAFFING AFTER
A VISIT WITH FAMILY, ^{HAD} ~~HE~~ WAS SET UP, BY A C.O.

GOODE #2713, AND OFFICER CHEROW 1448, ALONG WITH
OFFICER DAVIES #7459 COMMENCED ON KNOCKING PLAINTIFF MR.

BROOKS OUT, MR. 1. BROOKS DEFENDANT #6 HAS NOTED NOTHING
UNDER REGULATION, AS THE ENTIRE SUPERVISING STAFF OF
BOTH MEDICAL AND MENTAL HEALTH STAFFING, PLAINTIFF
BROOKS HAS NOT EVEN RECEIVED DOCUMENTATION OF HIS MEDICAL

INJURIES, MEDICAL STAFF HAS STATED PLAINTIFF BROOKS SUFFERED A

"CONTUSION," AS TO WHERE DOCUMENTATION HAS NOT BEEN ^{GIVEN} BY ANY AND ALL DEFENDANTS
RELATED IN THIS COMPLAINT, PLAINTIFF BROOKS HAS HAD HIS VISITS

TERMINATED FOR 6 MONTHS, AND IS SUFFERING SEVERE MENTAL TRAUMA, TO

ALL DEF. CAPS, THE ASSAULT OCCURRED AROUND 4:30 OR SO ON DATE ABOVE RELATED,

A HEARING HAS NEVER BEEN GIVEN FOR TERMINATION OF PLAINTIFF BROOKS VISITS,

PLAINTIFFS AS A WHOLE ARE IN "ANIMALISTIC," INHUMANE LIVING

CONDITIONS, "NO" AGAIN "NO" VENTILATION, FUNGUS INFESTED SHAWLS, NO PILLOWS FOR

REST, ASBESTOS, LEAD PAINT OR RESIDUE EVERYWHERE, PLAINTIFF OCCASIONALLY RECEIVES
MEDICATION FOR MENTAL HEALTH DEFICIENCIES, THAT HAVE BECOME EVEN MORE TRAUMATIC DUE TO
THE "ANIMALISTIC" CONDITION OF THE "BROOKLYN HOUSE."

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining
about, describe your injuries and state what medical treatment you required. Was medical
treatment received?

PLAINTIFFS PROSE ARE CLAIMING RESPIRATORY, EATING, PHYSICAL
INJURY'S, AND SEVERE MENTAL TRAUMA, ABANDONMENT OF

DUE PROCESS, AND CIVIL RIGHTS ENTIRELY, SHORT BREATH, NO RUNNING
HOT WATER IN CELL TO DRINK, SEVERELY UNHYGIENIC CONDITIONS
HAVE CAUSED "BLUCHES" ON SKIN, SEVERE HEAD/MENTAL TRAUMA WITH
NO PILLOWS TO REST ON AT NO TIME.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK,
PLAINTIFFS PRO SE,
1. MR. OMAR Ocasio # 349-16-01145
2. MR. VAN BROOKS # 825-14-00877

✓

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983
Tulay Demand
yes ✓ no

DEFENDANTS, RELATION, IS
COMPLETE, AND ADDED, TO PAGE 3
MEANING PART 2 OF PAGE 3

1. MS. BECKY SCOTT WARDEN
2. S. BASTIAN Deputy WARDEN of SECURITY
3. V. BAILEY Deputy WARDEN of PROGRAMMING
4. D. FRAZIER Deputy WARDEN of ADMINISTRATION
5. MS. 1) PEOPLE Deputy WARDEN of VISITING, TOUR COMM.
FIRST NAME LIA ASWELL
6. MR. 1) BROOK
FIRST NAME LIA
7. C.O. GOODE # 2713
8. C.O. CHESLOW # 448, 448
9. C.O. FREEMAN MAJORITY DELIVERY OFFICER
10. C.O. DAVIS # 7459
11. MEDICAL SUPERVISOR
OF MED. SERV.
CAPTAINS T. THOMAS # N/A
V.C. ROBERTS # 940
F. ALLEN # N/A
ARE DEFENDANTS
- 12.
- 13.
- 14.

15. HEAD MENTAL HEALTH
SUPERVISOR, NAME N/A
16. THE NEW YORK CITY
DEPARTMENT OF CORRECTIONS
AS A COMPLETE ENTITY,
17. CITY OF NEW YORK,
PLAINTIFFS PRO SE WOULD LIKE TO REQUEST THAT DEFENDANTS NOT
FULLY ABLE TO IDENTIFY, BE PLACED WITHIN COMPLAINT AS JOHN OR JANE DOE,
UNTIL IDENTITY CERTIFICATION CAN BE ESTABLISHED.
PLEASE NOTE DEFENDANTS 1 THROUGH 15, ARE EMPLOYED AT THE
BROOKLYN HOUSE OF DETENTION.

PLAINTIFF BROOKS, FORWARDED WITHIN EXHIBITS A "ENVELOPE" THIS ENVELOPE DOES NOT
 HAVE HIS NAME NOR ID# THEY ADDRESS IS NOT OF THIS BUILDING FOR DETENTION CENTER
 THIS ENVELOPE WAS GIVEN TO PLAINTIFF BY DEFENDANT C.O. FREEMAN, THIS ITEM HAS COME FROM A
 FEDERAL JUDGE, WITH A DECISION INSIDE THAT IS A FEDERAL VIOLATION.

III. Relief: State what relief you are seeking if you prevail on your complaint.

PLAINTIFFS PROSE WILL NOTE AS RELATED "MUCH OF OUR D.O.C.N.Y.S.S.
 COMPLETE ADMINISTRATIVE DETAINMENT PROFILE WILL BE NEEDED FOR THE
 AMENDING OF THIS COMPLAINT PLAINTIFFS "HAVE" REQUESTED,
 NEVERTHELESS, OF COURSE THE STAGE OF RELIEF WILL BE
 ADDRESSED PLAINTIFFS ARE REQUESTING, RELIEF OF LEGAL FEES TO
 BE PAID BY DEFENDANTS, BY DECISION IN FAVOR OF PLAINTIFFS, PLAINTIFFS REQUEST
 4.5 MILLION IN PUNITIVE DAMAGES, PLAINTIFFS REQUEST OR SEEK 850,000 IN COMPENSATORY DAMAGES
 PLAINTIFFS SEEK 1,000,000 IN DEFFAMATORY RELIEF. PLAINTIFFS ARE SUEING EACH DEFENDANT IN THESE INDIVIDUAL AND
 I declare under penalty of perjury that on MARCH 5 2016, I delivered this OFFICIAL CAPACITY

(date)
 complaint to prison authorities at BROOKLYN DETENTION CENTER to be mailed to the United
 (name of prison)
 States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: MARCH 5, 2016

MR OMAR Ocasio #349-16-01145

Signature of Plaintiff

MR Van Brooks # 825.14.00877
275 BROOKLYN, ATLANTIC AVE.
BROOKLYN DETENTION CENTER BROOKLYN, NEW YORK 11201

Name of Prison Facility or Address if not incarcerated

BOTH PLAINTIFFS NAMES, AND ADDRESS STATED
ABOVE.

275 Atlantic Ave Brooklyn, New York 11201
 Address

MR OMAR Ocasio #349-16-01145

Prisoner ID#

MR Van Brooks # 825.14.00877